

Risk for Reassault in Abusive Female Same-Sex Relationships

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Female same-sex intimate partner violence (IPV) is a serious public health issue.^{1–3} Prevalence estimates have varied widely, because they are often based on small or convenience samples and use varying definitions of violence, time frames, and sampling procedures.⁴ Turrell reported wide variation in rates of physical violence experienced by lesbians (8%–60%).⁵ The National Violence Against Women Survey is the only population-based study to include female same-sex IPV. Tjaden et al. reported that of 79 women who reported cohabitation, 11.4% reported a lifetime prevalence of physical or sexual abuse or both perpetrated by a female partner.⁶ Rose's community-based study used a convenience sample of 229 lesbians and reported that 12.2% of participants had experienced at least 1 incident of IPV in the past year,⁷ consistent with past-year IPV estimates in heterosexual relationships.⁸ Despite the variation in prevalence estimates, even the lowest reported rate of 11.4% indicates that IPV in female same-sex relationships is an important issue deserving of attention from public health, social service, criminal justice, and domestic violence practitioners.

Women who experience IPV in their relationships are at risk for reassault, increasing injuries, chronic health conditions, disabilities, and death.⁹ Known risk factors include history of physical violence by an intimate partner (either a man or a woman), controlling behaviors, dependency on partner for resources and emotional support, alcohol and drug use by abusive partner and victim, depression, and termination of the relationship.^{10–14} Existing risk models, risk assessment instruments, and prevention strategies were developed with heterosexual samples and then applied to women in same-sex relationships. It is only recently that factors such as internalized homophobia and discrimination have been

Objectives. We revised the Danger Assessment to predict reassault in abusive female same-sex relationships.

Methods. We used focus groups and interviews to evaluate the assessment tool and identify new risk factors and telephone interviews at baseline and at 1-month follow-up to evaluate the revised assessment.

Results. The new assessment tool comprised 8 original and 10 new items. Predictors included increase in physical violence (relative risk ratio [RRR]=1.95; 95% confidence interval [CI]=0.84, 4.54), constant jealousy or possessiveness of abuser (RRR=4.07; 95% CI=0.61, 27.00), cohabitation (RRR=1.96; 95% CI=0.54, 7.12), threats or use of gun by abuser (RRR=1.93; 95% CI=0.79, 4.75), alcoholism or problem drinking of abuser (RRR=1.47; 95% CI=0.79, 2.71), illegal drug use or abuse of prescription medications by abuser (RRR=1.33; 95% CI=0.72, 2.46), stalking by abuser (RRR=1.39; 95% CI=0.70, 2.76), failure of individuals to take victim seriously when she sought help (RRR=1.66; 95% CI=0.90, 3.05), victim's fear of reinforcing negative stereotypes (RRR=1.42; 95% CI=0.73, 2.77), and secrecy of abuse (RRR=1.72; 95% CI=0.74, 3.99). Both unweighted ($P<.005$) and weighted ($P<.004$) versions of the revised assessment were significant predictors of reassault.

Conclusions. The revised Danger Assessment accurately assesses risk of reassault in abusive female relationships. (*Am J Public Health*. 2008;98:1021–1027. doi:10.2105/AJPH.2007.117770)

examined as risk factors for IPV in same-sex relationships.¹⁵

Identification of women who are at risk for reassault allows for preventive action. Among the identification methods most commonly used is the Danger Assessment (DA).¹⁶ The DA is a clinical and research instrument designed to assist women in assessing their danger of being murdered or seriously injured by their male intimate partner.^{17–22} Several predictive validity studies support the DA's ability to predict IPV reassault,^{23–26} but all have focused on reassault in heterosexual relationships, most often with women as victims and men as perpetrators. The extent to which this important tool can accurately assess risk of reassault in female same-sex abusive relationships, however, has not been examined. We reviewed and revised the DA to include risk factors for reassault in abusive female same-sex relationships and then evaluated the revised instrument (DA-R) with survivors.

METHODS

Mixed-methods research is often defined as consisting of 1 complete method with additional supplementary strategies drawn from a second, different method.²⁷ Our study was designed to evaluate risk of reassault in abusive same-sex relationships; however, we used qualitative techniques to better understand risk factors unique to this population. Mixed-methods strategies are particularly useful in studying complex phenomena and understanding important nuances in areas with limited information. The 2-phase mixed-methods study was approved by institutional review boards at Oregon Health and Science University and Johns Hopkins University.

Phase-1 Sample and Procedures

In phase 1, we reviewed the risk factors in the 20-item DA and identified, with input from victims and perpetrators, factors not on the DA that were important in abusive female same-sex relationships. Women who self-reported

current or past-year physical or sexual violence perpetrated by a same-sex partner or ex-partner and women who self-reported current or past-year perpetration of physical or sexual violence in a same-sex relationship were eligible for phase 1.²⁸

Participants were recruited in collaboration with our community-based partner organizations and the larger lesbian, bisexual, and transgender (LBT) community. The study was advertised in statewide newspapers serving the lesbian, gay, bisexual, and transgender community; at bookstores, bars, and social events; on university campuses and craigslist; and through domestic violence agencies. Focus groups and interviews were conducted at a safe and convenient time determined by the participants, usually on-site at our partner organizations. Informed consent was obtained for each woman, and participants were provided \$20 for their time and expertise. To ensure safety and protection of participants, guidelines for the ethical and safe conduct of research were stringently followed.²⁹ Fifty-two women participated in phase 1 (41 in group interviews and 11 in individual interviews). Of the 52 participants, 5 identified themselves as perpetrators of IPV. Participants ranged in age from 15 to 64 years. Ten women defined themselves as members of racial or ethnic minorities.

We used a semistructured format for both the focus groups and individual interviews, beginning focus groups and interviews with general questions (e.g., "What do you think domestic violence is? How would you define it?") and progressed to more-specific and -sensitive questions, such as asking participants to share examples of IPV they experienced. The interview format allowed flexibility for clarification and probing. Natural conversation, including new thoughts and ideas, was also encouraged.

Analytic Process

During phase 1, we carried out a qualitative descriptive analysis concurrently with data collection. This naturalistic form of inquiry is particularly useful in obtaining straightforward answers to questions of interest to practitioners, relatively unfiltered through transformation or an a priori theoretical framework.³⁰ Thematic analysis was

performed with all of the narratives. We reviewed transcripts 4 times, with each reading providing a deeper level of contextualization and analysis. To gain a global understanding of the content and context of each narrative and to identify possible themes to explore, we first read all transcripts in their entirety. The second reading allowed us to identify data that addressed the relevance of the 20 items on the DA for female same-sex IPV.

The narratives were then uploaded into NVivo 7 (QSR International, Doncaster, Australia). During the third reading, we used initial, inductive coding, which enabled the participants' experiences and thoughts to lead the categorization and avoided molding the data into preformed categories.³¹ Coding of narratives used terminology of the participants and indicated risk factors for reassault. Preliminary codes derived from the data were examined for commonalities and differences across focus groups and individual interviews. The fourth reading was done across transcripts and codes, making comparisons and identifying patterns that occurred within and across focus groups and individual interviews. We also explored possible relationships and associations between codes. These pieces of data were then combined into "meaningful units according to relatedness into larger units, known as themes."^{32(p61)} We then constructed risk factor items that reflected the identified themes.

Authenticity and Trustworthiness of Qualitative Data and Analysis

Qualitative interpretation requires implementation of safeguards to ensure credibility, confirmability, and authenticity.^{33,34} Credible interpretation must be a good fit between the respondents' views and experiences and the researchers' interpretation of them.³⁴ We engaged in peer review and debriefing during the analysis process to serve as a mechanism similar to interrater reliability in quantitative research.³⁵ We each read the narratives first and drew individual conclusions. We then discussed our findings and interpretations as necessary during the analysis process to ensure consistency in interpretation.

We also used member checking, which involves taking analysis and interpretations back to participants so that they can consider

the accuracy and credibility of the account.³⁵ A 2-hour group interview was conducted with 7 women who had previously participated in the study and who reviewed and provided feedback on themes and risk factor items that emerged during the analysis. These participants recommended removal or rewording of 5 risk-factor items.

Phase-2 Sample and Procedures

In phase 2, we evaluated the original 20-item DA and the new risk factor items developed in phase 1 to assess risk of reassault over 1 month with a sample of female victims of same-sex IPV. Women who self-reported current or past-year physical or sexual violence perpetrated by a same-sex partner or ex-partner were eligible for phase 2 of the study.

Recruitment was expanded to include national LBT communities. The study was advertised through national organizations' e-mail discussion lists, monthly newsletters, and sponsored activities. The study was also advertised in newspapers and Web sites serving the lesbian, gay, bisexual, and transgender community; e-mail lists serving the LBT community (e.g., Betty's List); and craigslist in urban areas with larger LBT communities (e.g., San Francisco, California; New York, New York; Washington, DC; and Seattle, Washington).

A trained interviewer conducted the baseline and 1-month follow-up interviews by telephone at a safe and convenient time determined by the participants. Informed consent was obtained for each participant and \$10 was provided for completing the baseline interview and \$20 for completing the follow-up interview. At the end of the baseline interview, women were asked to provide safe contact numbers to arrange the follow-up interview. To ensure the safety and protection of participants, guidelines for the ethical and safe conduct of research were stringently followed.²⁹

At baseline, participants were asked to report their experiences over the past 6 months on the 79 (20 original DA and 59 new) risk-factor items. Participants were asked about their current relationship status with the abusive partner (i.e., still partners or not), level of education, employment, income, children aged younger than 18 years in the home, and

living situation (i.e., homeless, living alone, living with partner). Baseline interviews took approximately 30 minutes to complete.

The follow-up interview included the demographic questions and experience of the 79 risk factor items in the past month. Women were also asked if they had been assaulted (physically or sexually) or had been threatened with physical or sexual assault by the partner or ex-partner in the past month.

Analysis

Although the measure contained 79 items, not all new items were included in the analysis presented here. We determined that although the items were important to include in data collection for phase 2, several items were not consistent with risk assessment models for reassault in an abusive intimate relationship. For example, we removed items related to the victim's depression, alcohol and drug use, unemployment, and history of childhood abuse. After removing those items, we computed Φ correlations and relative risk ratios (RRRs) to evaluate the bivariate relationships between the baseline items and the report of threatened or actual physical or sexual violence 1 month later. We decided to retain only items with a Φ of 0.10 or greater and a RRR of 1.33 on the DA-R to increase the predictive validity of the final measure. We did not retain items with negative correlations that might be considered protective because we were interested in deriving a model of risk.

Scoring

As with the original DA, the DA-R could be scored by counting the yes responses with no classification or cutoff score, with a higher number of yes answers indicating that more of the risk factors for reassault were present in the abusive relationship.

In addition, we developed a weighted scoring system based on the RRRs for items (Table 1). Items with RRRs of 1.33 to 1.79 were given a weight of 1, items with RRRs of 1.80 to 2.79 were given a weight of 2, items with RRRs of 2.8 to 3.79 were given a weight of 3, and items with RRRs of 3.8 or greater were given a weight of 4. Separate logistic regressions were then conducted on the baseline unweighted and weighted versions

of the DA-R to predict threatened or actual physical or sexual violence 1 month later.

Six items carried the greatest weight if the victim responded affirmatively: (1) Is she constantly jealous or possessive of you? (weight=4); (2) Does she try to isolate you socially? (weight=3); (3) Has the physical violence increased in severity or frequency over the past year? (weight=2); (4) Has she threatened you with a gun over the past year? (weight=2); (5) Have you lived with her over the past year? (weight=2); (6) Has she ever abused or threatened to abuse a previous intimate partner or other family member or friend? (weight=2). The other 11 items scored on the DA-R were not weighted and were given 1 point for each yes response. The last item—Have you threatened or tried to kill yourself?—was not included in the scoring of the DA-R.

RESULTS

Phase 1

Participants reported that all 20 items on the DA were relevant to female same-sex IPV. However, they provided suggestions for rewording DA items. For example, the original DA item read, "Has he/she ever forced you to have sex when you did not wish to do so?" Participants suggested revising this item to "Does she try to control your sex-life, for example withholding sex or using coercion or manipulation?"

The participants endorsed 59 additional risk-factor items important to women in abusive same-sex relationships. These items can be described as perpetrators' abusive behaviors, history of depression, and exposure to violence in childhood. The participants also thought it was important to include items related to victims' use of violence (including self-defense), history of depression, use of illegal or prescription drugs or alcohol, and exposure to violence in childhood. Items also represented LBT women's experiences of not being taken seriously when reporting IPV by a female partner, fear of reinforcing negative stereotypes of sexual minority women by seeking assistance for IPV, and keeping IPV a secret because of fear or shame. The outcome of phase 1 was a 79-item measure endorsed by female survivors of same-sex IPV.

Phase 2

Ninety-three women completed the baseline interview, and 84 (90.3%) completed the 1-month follow-up interview. The average age was 36.59 years (SD=12.17); average education was 12.89 years (SD=1.63). The largest proportion identified as White (65.9%), followed by African American (13.6%) and other (12.5%). Fourteen percent were Latina. The majority was employed (64.5%). Household income ranged from less than \$1000 a month (16.5%) to more than \$4001 a month (24.1%). Approximately half (48.4%) reported living in their own household. Only 6.7% had children younger than 18 years living at home. The vast majority (73.3%) reported that the woman who hurt them was an ex-partner. One third of the sample reported threatened or actual physical or sexual violence by an abusive partner or ex-partner at follow-up.

The number of participants, percentage responding yes to each of the 79 risk factor questions, Φ correlations, and RRRs for the DA-R are reported in Table 1. The Φ correlations ranged from negative 1 to positive 1. The RRRs represented the risk of experiencing threatened or actual violence relative to presence of a risk factor. An RRR of 1.33 indicated that participants reporting that risk factor were 33% more likely to experience threatened or actual violence than were women who did not report that risk factor.

Our selection criteria yielded 18 items that were retained on the DA-R, 8 from the original DA and 10 new items. These original items were predictive of participants' report of threats or actual physical or sexual violence: physical violence increased in frequency and severity (RRR=1.95; 95% confidence interval [CI]=0.61, 27.00), partners or ex-partners were constantly jealous or possessive (RRR=4.07; 95% CI=0.61, 27.00), women lived with the partner (RRR=1.96; 95% CI=0.54, 7.12), partner or ex-partner threatened or used a gun (RRR=1.93; 95% CI=0.79, 4.75), partner or ex-partner was an alcoholic or problem drinker (RRR=1.47; 95% CI=0.79, 2.71), partner or ex-partner used illegal drugs or abused prescription medications (RRR=1.33; 95% CI=0.72, 2.46), and partner or ex-partner stalked the victim (e.g., followed or spied on participant or left threatening notes or messages;

TABLE 1—Positive Responses, Φ Correlations, Relative Risk Ratios (RRRs), and Item Weights for Revised Danger Assessment Scale for Risk of Reassault Among Women in Abusive Same-Sex Relationships

	Yes Responses, No. (%)	Threatened or Actual Violence		Weight
		Φ	RRR (95% CI)	
Original Danger Assessment items				
1: Has the physical violence increased in severity or frequency over the past year?	84 (70.2)	0.18	1.95 (0.84, 4.54)	2
2: Does she own a gun?	78 (25.1)	0.00	1.00 (0.47, 2.11)	
3: Have you left her after living together during the past year?	84 (69.0)	-0.02	0.95 (0.50, 1.80)	2
3a: Never lived with abusive partner? ^a	84 (13.1)	0.13	1.96 (0.54, 7.12)	
4: Is she unemployed?	83 (37.3)	-0.02	0.93 (0.50, 1.75)	2
5: Has she ever used a weapon against you or threatened you with a lethal weapon?	83 (37.3)	0.05	1.14 (0.62, 2.08)	
5a: Weapon used was a gun?	34 (14.7)	0.22	1.93 (0.79, 4.75)	2
7: Has she avoided being arrested for domestic violence by playing victim or otherwise manipulating the system?	83 (37.3)	0.03	1.09 (0.59, 2.01)	
8: Do you have a child that is not hers?	83 (34.9)	-0.02	0.93 (0.48, 1.80)	1
9: Does she try to control your sex-life, for example withholding sex or using coercion or manipulation?	83 (80.7)	0.03	1.10 (0.49, 2.44)	
10: Does she ever try to choke you?	84 (44.0)	-0.02	0.95 (0.52, 1.76)	1
11: Does she use illegal drugs or abuse prescription medication?	84 (50.0)	0.10	1.33 (0.72, 2.46)	
12: Is she an alcoholic or problem drinker?	84 (47.6)	0.14	1.47 (0.79, 2.71)	4
13: Does she control most or all of your daily activities?	83 (78.3)	-0.06	0.83 (0.42, 1.64)	
14: Is she constantly jealous or possessive of you?	84 (86.9)	0.20	4.07 (0.61, 27.00)	1
15: Have you ever been beaten by her during pregnancy?	82 (2.4)	0.06	1.54 (0.37, 6.37)	
15a: If never pregnant with this partner, check here.	84 (83.3)	0.05	1.20 (0.49, 2.92)	1
16: Has she ever tried or threatened to commit suicide?	81 (66.7)	0.06	1.19 (0.60, 2.36)	
17: Has she threatened to harm a child?	84 (8.3)	-0.12	0.41 (0.06, 2.56)	1
18: Do you believe she is capable of killing you?	82 (51.2)	-0.12	0.71 (0.39, 1.32)	
19: Does she stalk you (for example, follow or spy on you, leave threatening notes or messages on answering machine or cell phone, call you when you do not want her to)?	84 (64.3)	0.11	1.39 (0.70, 2.76)	1
20: Have you tried or threatened to commit suicide?	84 (35.7)	0.05	1.17 (0.63, 2.15)	
New items for revised Danger Assessment				
1: Does she try to isolate you socially?	84 (89.3)	0.16	3.24 (0.50, 21.07)	3
2: Has she outed or threatened to out you?	84 (22.6)	-0.02	0.93 (0.44, 1.96)	
3: Does she try to damage your ability to earn a living or control your finances in other ways?	84 (63.1)	0.07	1.24 (0.64, 2.38)	1
4: Does she try to control/limit your spirituality?	84 (54.8)	0.19	1.74 (0.90, 3.40)	
5: Does she constantly blame you and/or put you down? ^b	84 (95.2)	0.16	...	1
6: Does she scream, hit, or otherwise try to hurt or control you in front of other people?	84 (56.0)	-0.03	0.91 (0.50, 1.66)	
7: Has she destroyed or threatened to destroy things that belong to you?	83 (69.9)	0.14	1.58 (0.73, 3.42)	1
8: Has she threatened to harm a pet, family member, or person with a disability?	84 (29.8)	0.15	1.53 (0.84, 2.77)	
9: Has she ever abused or threatened to abuse a previous intimate partner, or other family member or friend?	80 (52.5)	0.20	1.81 (0.93, 3.53)	2
10: If you were being abused by her and tried to get help, do you think people would take you seriously? ^a	83 (55.4)	0.18	1.66 (0.90, 3.05)	
11: If you were being abused by her, would fear of reinforcing negative stereotypes about female same-sex relationships prevent you from seeking help from friends, domestic violence advocates, or health care providers?	82 (58.5)	0.12	1.42 (0.73, 2.77)	1
12: If you were having serious difficulties with her, would you keep it a secret out of fear or shame?	82 (72.0)	0.15	1.72 (0.74, 3.99)	
13: Has she ever violated a restraining order?	79 (7.6)	0.10	1.52 (0.64, 3.61)	1

Note. CI = confidence interval. Items with a weight (derived from the RRRs) were used in the final version of the scale (DA-R).

^aReverse coded.

^bRRR for revised item 5 could not be computed because there was no sample to analyze.

RRR=1.39; 95% CI=0.70, 2.76). We retained the DA item that assessed victims' threat of or attempts at suicide. Although this item was not related to reassault in this

sample, preventing violence includes assessing for risk of self-harm.

The new items were identified as predictive of participants' report of threats or actual

physical or sexual violence at 1 month. These factors were identified as potentially unique to sexual minority women: people did not take abuse by a woman seriously if a victim tried

to get help (RRR=1.66; 95% CI=0.90, 3.05), victims feared they would reinforce negative stereotypes about sexual minority women if they sought help for IPV (RRR=1.42; 95% CI=0.73, 2.77), and victims kept abuse secret out of fear or shame (RRR=1.72; 95% CI=0.74, 3.99).

Separate logistic regressions were conducted on the baseline unweighted and weighted versions of the 18-item DA-R to predict threatened or actual physical or sexual violence at 1 month (only 17 items were included in scoring). Both unweighted ($P<.005$) and weighted ($P<.004$) versions of the DA-R were significant predictors of threatened or actual violence at 1 month (Table 2).

For each additional risk factor, the odds of threatened or actual violence increased by a factor of 1.29 for the unweighted DA-R (unweighted DA-R, no violence: mean=9.05, SD=3.10, vs violence: mean=11.25, SD=2.90). For each additional point on the weighted DA-R, the odds of threatened or actual violence increased by a factor of 1.21 (weighted DA-R, no violence: mean=15.18, SD=4.95, vs violence: mean=18.57, SD=3.82). The DA-R is presented in Figure 1.

DISCUSSION

This study, to our knowledge, was the first to validate a risk assessment instrument with sexual-minority women. The 18-item DA-R (Figure 1) can accurately identify LBT women at risk for reassault by an abusive female partner.

Implications for Practice

The DA-R is a collaborative exercise between a domestic violence advocate or a public health, health care, or criminal justice practitioner and the victim herself. A victim's perception of risk is important in developing safety plans and interventions. However, even though their perception of risk of reassault can be accurate,²²⁻²⁴ LBT women may underestimate the potential risk for reassault, because they are consistently given the message in our society that they are deviants and that their experiences are not as valid as those of heterosexual women.³³

Further, the DA-R can provide powerful information for women abused by a female

DANGER ASSESSMENT-Revised	
For Use in Abusive Female Same-Sex Relationships	
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Several risk factors have been associated with increased risk of re-assault of women in abusive same-sex relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat abuse and for you to see how many of the risk factors apply to your situation.	
Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:	
1. Slapping, pushing; no injuries and/or lasting pain 2. Punching, kicking; bruises, cuts, and/or continuing pain 3. "Beating up"; severe contusions, burns, broken bones, miscarriage 4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage 5. Use of weapon; wounds from weapon (If any of the descriptions for the higher number apply, use the higher number.)	
Mark Yes or No for each of the following.	
("She" refers to your female partner or ex-partner)	
Yes	No
	1. Is she constantly jealous and/or possessive of you?
	2. Does she try to isolate you socially?
	3. Has the physical violence increased in severity or frequency over the past year?
	4. Has she threatened you with a gun over the past year?
	5. Have you lived with her in the past year?
	6. Has she ever abused or threatened to abuse a previous intimate partner, or their family members or friends?
	7. Does she use illegal drugs, (by illegal drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures) or abuse prescription medication?
	8. Is she an alcoholic or problem drinker?
	9. Does she try to control/limit your spirituality?
	10. Does she constantly blame you and/or put you down?
	11. Has she destroyed or threatened to destroy things that belong to you?
	12. Has she threatened to harm a:
	12a Pet?
	12b Elderly family member?
	12c Person you care for with a disability?
	13. Has she ever violated a restraining order?
	14. Does she stalk you, for example, follow or spy on you, leave threatening notes or messages on answering machine or cell phone, call you when you do not want her to?
	15. If you were being abused by her and tried to get help, do you think people would not take you seriously?
	16. If you were being abused by her, would fear of reinforcing negative stereotypes about female same-sex relationships and/or being discriminated against prevent you from seeking help, for example help from friends, domestic violence advocates, or health care providers?
	17. If you were having serious difficulties with her, would you keep it a secret out of fear or shame?
	18. Have you threatened or tried to kill yourself?
Total "Yes" Answers	
Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment-Revised means in terms of your situation.	

FIGURE 1—Revised Danger Assessment for use with women in abusive same-sex relationships.

TABLE 2—Descriptive Statistics and Results of Logistic Regressions on Responses to the Revised Danger Assessment Scale (DA-R) for Risk of Reassault Among Women in Abusive Same-Sex Relationships

Predictors	Mean (SD)	Possible Score	Observed Score	Threatened or Actual Violence	
				OR (95% CI)	P
Unweighted DA-R	9.73 (3.21)	0-17	3-17	1.29 (1.08, 1.53)	.005
Weighted DA-R	16.28 (4.81)	0-26	3-26	1.21 (1.06, 1.37)	.004

Note. OR = odds ratio; CI = confidence interval. Weights were derived from the relative risk ratios.

partner as they navigate systems (e.g., criminal justice, advocacy, social welfare, substance abuse, and health care systems) that often do not consider IPV between female partners to be serious and may not have culturally competent resources for LBT survivors.

An abused woman's perception of risk of reassault by her female abuser should always be ascertained and taken into account in any safety planning endeavor. However, the DA-R can help her come to a more realistic appraisal of her risk as well as improve the predictive accuracy of those who are trying to assist her.

Limitations

The small sample size limited our analysis and our ability to generalize our findings. Locating and enrolling eligible women were challenging ventures. Survivors may be in hiding from their perpetrator and can therefore be difficult to find. Although relatively few eligible women responded to our requests for participation, of the 93 women who responded, all agreed to participate and completed the baseline interview, and 90% also completed the follow-up interview.

Other studies with community-based women who have experienced IPV have also found that locating eligible participants is time intensive,²¹ but once women are safely located and provided information on the purpose of the study, few refuse to participate. LBT women who are victims or perpetrators of IPV may not be involved with lesbian, gay, bisexual, and transgender agencies or programs; therefore, recruitment efforts must be extended to other sites, such as college campuses, health clinics, and Craigslist. Only 1 transgender woman participated; for this reason the applicability of our findings to members of this population is unknown.

Conclusions

The DA-R is the first validated instrument to assess risk of reassault in abusive female same-sex relationships, providing an important tool for future research. We recommend additional testing of the DA-R with larger and more diverse samples of LBT women. In light of our findings, it is important to consider the role public health, health care, criminal justice, and domestic violence practitioners might play in identifying LBT victims of

IPV and assessing with victims their risk of reassault.

The DA-R can be used to expeditiously assess whether the partner is jealous or possessive, whether she is isolating her victim socially, whether the physical violence is increasing in severity and frequency, whether the partner has access to a gun, whether the victim is living with the partner, and whether the partner is threatening the victim's previous partners, family members, or friends. Under these conditions, the victim may be in extreme danger and it is incumbent on the practitioner to be extremely assertive with the victim about her risk for reassault and her need for safety planning. ■

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Contributors

N. Glass originated the study and supervised all aspects of its implementation. N. Perrin and G. Hanson completed study analyses. T. Bloom and E. Gardner assisted with the study implementation. N. Glass, N. Perrin, and J. C. Campbell synthesized analyses and led the writing.

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Human Participant Protection

This study was approved by the Johns Hopkins University and Oregon Health and Science University's institutional review boards.

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